

PART II

CERTIFICATION OF SCHOOL HEALTH EXAMINATION

PART II TO BE COMPLETED BY A PHYSICIAN

(Reverse to be completed by parent/guardian)

Student's Name: _____; Birth Date: _____ / _____ / _____
LAST FIRST MI MO DAY YR

Height: _____; Weight: _____; Head Circumference: _____; BP: _____

Hemoglobin or Hematocrit: _____ gms%; Urine Albumin: _____; Sugar: _____; Other: _____

Most recent Tuberculin Test Date: _____ / _____ / _____; Results: _____; Hearing R _____; L _____
Mo Day Yr

Vision (w/out glasses) R20/ _____; L20/ _____; Hearing test performed? Audiogram _____; Voice _____

Vision (with glasses) R20/ _____; L20/ _____; Tympanogram (if indicated): normal _____; abnormal _____

Systems Examination	Exam.	Not Exam.	Comments About Findings
General Appearance, Nutrition			
Posture, Gait			
Skin			
Head			
Eyes: External			
Fundi			
Ears: External & Canal			
Tympanic Membrane			
Nose			
Throat			
Oral			
Neck			
Heart			
Lungs			
Abdomen			
Genitalia (Tanner Stage)			
Bones, joints, muscles			
Neurological			
Other:			
Est. of developmental level			
Behavioral Observations:			
Cooperation			
Emotional tone			
Activity level			

Summary of abnormal conditions which may require: (a) Educational evaluation, (b) Environmental adjustment, or (c) Activities to be limited: _____

Tests made: _____

Physician (print): _____; Signature: _____; Date: _____

Address: _____; Phone: (_____) _____